DELTA DENTAL FOUNDATION

An affiliate of Delta Dental of Michigan, Ohio and Indiana

Brighter Futures Community Grants Program Reporting Form



When the Delta Dental Foundation awards a grant, we enter into a partnership with you that we hope will help us to learn more about effective ways to improve oral health. This report is the primary tool we use in measuring the achievements of the programs/projects we support and the impact that our philanthropic dollars have in the communities we serve.

Please complete and return this form to ddf@deltadentalmi.com within one year of receiving funds or prior to receiving additional funds, whichever comes first.

Thank you in advance for taking the time to provide us with a thorough and thoughtful report.

Name of organization:	
Address:	
Program title:	
Name of person preparing this report:	
Email:	
Year grant was awarded:	
Amount of funding received: \$	Amount requested: \$
Number of people served or lives touched as a result of this grant:	
Total budget for project/program: \$	Total cost of program: \$
Average cost per person served: \$	

Provide a brief summary of the project for which you received funding:

List the goals for this project:

Describe the results of this project and include any success stories you may have:

What road blocks did you run into, and how were they handled?

Show us your program/project in action:

Please submit:

- Photos (including waiver forms for individuals pictured, if available)
- Press clippings
- Videos
- Quotes and/or narratives from people regarding impact of program project

You can send them as email attachments or by USPS mail (please note that high-resolution photos may need to be emailed separately.)

QUESTIONS?

Contact us at:

Delta Dental Foundation PO Box 293 Okemos, MI 48805-0293 Phone: 517-347-5333 ddf@deltadentalmi.com